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Fill in this ir	nformation to identify yo	ur case:		Check one box only as Form 122A-1Supp:	s directed in this form and in	
Debtor 1	Phillip	Justin	McPherson			
	First Name	Middle Name	Last Name	1. There is no presump	otion of abuse.	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	1 11	etermine if a presumption of	
				Test Calculation (Of	e made under Chapter 7 Means ficial Form 122A-2).	
United States	Bankruptcy Court for the : _	SOUTHERN DISTRICT OF I	NDIANA_			
Case Numbe (If known)	r				es not apply now because of vice but it could apply later.	
,					,	
				Check if this is an a	amended filing	
Official F	orm 122A-1					
			4 88 48 8			
Cnapter	7 Statement	of Your Curre	ent Monthly Inco	ne	12/	19
-				ally responsible for being accur		
•	•			tional information applies. On th oted from a presumption of abus		
	-	·	-	nd file Statement of Exemption f		
Presumption of	f Abuse Under §707(b)(2	2) (Official Form 122A-1Su	op) with this form.			
Part 1:	Calculate Your Current Mo	onthly Income				
						_
1. What is y	our marital and filing st	atus? Check one only.				
X Not I	Married. Fill out column A	A, lines 2-11.				
Marr	ied and your spouse is	filing with you. Fill out bot	h Columns A and B, lines 2-11.			
— Marr	ried and your spouse is	NOT filing with you. You a	and your spouse are:			
	Living in the same hou	sehold and are not legally	separated. Fill out both Columi	ns A and B, lines 2-11.		
H	_		-	out Column B. By checking this b	NOX VOLL	
	• •	• • •		er nonbankruptcy law that applies		
	spouse are living apart	for reasons that do not inclu	ude evading the Means Test requ	uirements. 11 U.S.C. § 707(b)(7)(l	3).	
	= -		_	full months before you file this		
	• ' '			d would be March 1 through Augund divide the total by 6. Fill in the		
include ar	ny income amount more t	han once. For example, if b	oth spouses own the same renta	al property, put the income from the		
one colum	nn only. If you have nothi	ng to report for any line, wri	te \$0 in the space.			
				Column A	Column B	
				Debtor 1	Debtor 2 or non-filing spouse	
2 Your gross	wages, salary, tips, bon	nuses, overtime, and comn	nissions (before all			
payroll dedu	• . • . • .	,	moonomo (ponono am	\$4,347.29	\$0.00	
3. Alimony an	d maintenance payment	ts. Do not include payments	s from a spouse if	Ф0.00	ФО ОО	
Column B is	s filled in.	. ,	•	\$0.00	\$0.00	
4. All amounts	s from any source which	n are regularly paid for hou	isehold expenses			
	•	ng child support. Include re s of your household, your de	•			
	•	tributions from a spouse on		00.00		
filled in. Do	not include payments you	u listed on line 3.		\$0.00	\$0.00	
5. Net income	from operating a busine	ess, profession, or farm				
Gross recei	pts (before all deductions	;)	\$0.00			
Ordinary an	d necessary operating ex	rpenses	\$0.00			
Net monthly	income from a business	, profession, or farm	\$0.00	\$0.00	\$ 0.00	
6. Net income	from rental and other re	eal property	* 0.00			
	pts (before all deductions		\$0.00			
-	d necessary operating ex		\$0.00	\$0.00	\$ 0.00	
Net monthly	income from rental or ot	her real property	\$0.00	φυ.υυ	\$ 0.00	

\$0.00

\$0.00

7. Interest, dividends, and royalties

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De	btor 1	Phillip	Justin	McPl	herson		Case	e Number (if kno	vn)				
		First Name	Middle Name	Last Na	ame								
								umn A otor 1		Column Debtor : non-filir		ð	
8.	Unem	ployment compe	ensation					\$0.00			\$0.00		
	Do no under	t enter the amour the Social Secur	nt if you contend that the amount ity Act. Instead, list it here:	received was	a benefit								
	For y	ou											
	For y	our spouse											
9.	not in Unite disab pay p does	fit under the Social clude any comped States Governrility, or death of a aid under chapte not exceed the a	t income. Do not include any amo al Security Act. Also, except as st ensation, pension, pay, annuity, or ment in connection with a disability a member of the uniformed service or 61 of title 10, then include that p mount of retired pay to which you ision of title 10 other than chapter	ated in the near allowance pay, combat-relates. If you receasy only to the would otherw	xt sentence, do aid by the ated injury or ived any retired extent that it vise be entitled if			\$0.00			\$0.00		
10	Do no as a v terror State death	ot include any ber victim of a war cri ism; or compensa s Government in	r sources not listed above. Speci nefits received under the Social S ime, a crime against humanity, or ation, pension, pay, annuity, or all connection with a disability, comb the uniformed services. If necessat t the total below.	ecurity Act; pa international of lowance paid I pat-related inju	ayments received or domestic by the United ury or disability, or								
	·							\$0.00		\$	0.00		
							\$	0.00			\$0.00		
	_		m separate pages, if any.					\$0.00			\$0.00		
11			urrent monthly income. Add line total for Column A to the total for) for each			\$4,347.29	+		\$0.00	=	\$4,347.29
													Total current monthly income
F	art 2:	Determine V	Whether the Means Test Applies to	You									
12	. Calcı	ılate your curren	nt monthly income for the year. F	ollow these st	teps:								
	12a.	Copy your total	current monthly income from line	11			Cop	oy line 11 here			12a.		\$4,347.29
		Multiply by 12 (t	he number of months in a year).										x 12
	12b.	The result is you	ur annual income for this part of th	ne form.							12b.		\$52,167.48
13	. Calcı	ılate the median	family income that applies to yo	ou. Follow thes	se steps:								
	Fill in	the state in which	h you live.		IN								
	Fill in	the number of pe	eople in your household.		4								
	To fir	d a list of applica	ly income for your state and size of the sta	online using th	ne link specified in the						13.		\$86,076.00
14	. How	do the lines com	npare?										
	14a.	x Line 12b is les Go to Part 3.	es than or equal to line 13. On the	top of page 1	, check box 1, There	e is no presur	nptio	n of abuse.					
	14b.		ore than line 13. On the top of pagind fill out Form 122A-2.	ge 1, check bo	ox 2, The presumptio	n of abuse is	dete	ermined by For	m 122	2A-2.			

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Debtor 1	Phillip	Justin	McPherson	Case Number (if known)
	First Name	Middle Name	Last Name	, , ,
Part 3:	Sign Below			
	By signing here, I de	eclare under penalty of perju	ry that the information on this state	ment and in any attachments is true and correct.
	/s/ Phillip Jus	tin McPherson, II		
	Phil	lip Justin McPherson,	II	
	Date:03/13/	2020		
	If you checked line	14a, do NOT fill out or file Fo	rm 122A-2.	
	If you checked line	14h fill out Form 122A 2 and	I file it with this form	